

SEP 10 1941 85

Registration District No.

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: not in hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not in hospital
(Specify whether years, months or days)
In this community about 25 years

3. (a) PRINT FULL NAME

Louise Beverly
3. (b) If veteran, ☒ name war. ✓
3. (c) Social Security No. names

3. (a) Sex Female
5. Color or race negro
6. (a) Single, widowed, married, divorced mar.
6. (b) Name of husband or wife George Beverly
6. (c) Age of husband or wife if alive about 75 years
7. Birth date of deceased Aug 1862
(Month) (Day) (Year)

8. AGE: 79 Years ? Months ? Days
If less than one day hr. min.

9. Birthplace Columbia Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business house wife

12. Name Alfred Woods

13. Birthplace Chilpeper Va
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George Beverly

(b) Address 1421 N. 12th St

17. (a) Removal (b) Date thereof Aug 15 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director James J. Smith

(b) Address 1102 W. 12th St

19. (a) Aug 15 1941 (b) St Joseph
(Date received local registrar) (City, town, or county)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 N. 12th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1941 hour 7:30 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9 Aug to 13 Aug 1941
that I last saw her alive on 13 Aug and that death occurred on the date and hour stated above

Immediate cause of death Alcohol

hemiplegia

Due to stroke

Due to senility

Other conditions 43
(Include pregnancy within 3 months of death)

Major findings: of operations

Of autopsy 43

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 43

(b) Date of occurrence Aug 14 1941

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place?

While at work? no (Specify type of place)

(e) Means of injury stroke

Signature E. J. Smith (M. D. or D. O.)

Address 1506 Messaline St Date signed 15 Aug 41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.